

A woman with dark, wavy hair is lying in a hospital bed, smiling warmly at the camera. She is wearing a light blue hospital gown. Her right hand is resting on her forehead. The background shows the white metal frame of the hospital bed and a blurred view of a hospital room.

Menstruation dignity for patients in mental health care

A guide for UNISON health branches



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Menstruation is normal. It is experienced by post-puberty cis women, trans men and some non-binary people.

This guide aims to raise awareness within mental health services of the issues linked to menstruation/periods.

The average age for girls to begin their periods is 11, although some may start having periods from age eight or nine. Many may continue well into their 50s and some post-menopausal women can continue to have sporadic periods which for some can be a sign of a health problem - such as uterine cancer.

Periods generally last three to eight days, with the heaviest bleeding in the first two days. Most people lose between five and 12 teaspoons of blood during their period, although some may bleed more heavily than this.

Sometimes menstruation is accompanied by pain, tiredness, irritability and other symptoms of premenstrual syndrome (PMS) at this time.

Period dignity is always a priority but is especially important for inpatients in a mental health setting.

UNISON wants to promote period dignity in these circumstances and wants staff to be aware of the following:

1. The average inpatient stay in mental health settings is 33.4 days so large numbers of women will need to manage their periods during an admission.



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2. Irregular or unpredictable periods can be side-effects of prescribed medication which can have a negative impact on a person's self-esteem or daily activities.
3. Menstrual problems such as pain and cramps or heavy or prolonged bleeding can substantially add to distress.
4. Routinely dispensed medication can affect the menstruation cycle by raising prolactin levels. This disturbance to the hormonal system can cause a complete loss of periods or light, irregular periods for some people, which can also worry those who are not expecting this change.
5. It is vital that staff working in mental health settings tackle the taboos, stigma and ignorance that can surround periods by taking a lead in talking about menstruation so that service users do not have to suffer in silence.
6. Appropriate care is all about maintaining dignity and equality for all people under the care of mental health services.
7. Provision of sanitary disposal facilities should be in all gendered and non-gender specific bathroom and toilets.
8. The NHS now offers sanitary products free of charge to all hospital patients that need them **<https://www.england.nhs.uk/2019/03/the-nhs-in-england-will-offer-free-tampons-and-other-sanitary-products-to-every-hospital-patient-who-needs-them-simon-stevens-announced-today/>**



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To support period dignity, UNISON is encouraging mental health services to:

- Have more open conversations about menstruation, including taking account of cultural diversity and language differences
- Improve staff knowledge and awareness, including breaking down embarrassment which can be a barrier to communication
- Improve discrete access to sanitary protection – for example by providing this as part of an appropriate welcome pack
- Routinely ask about periods on admission or first contact with mental health services, and during one to one care plan review meetings
- Offer training to staff working in mental health settings so that they are aware of the impact that periods have on patients
- Liaise with course providers to ensure that awareness of this issue is incorporated into courses for staff.